



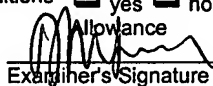
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CONFIRMATION NO. 7986

<b>SERIAL NUMBER</b> 10/098,644	<b>FILING OR 371(c) DATE</b> 03/15/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> C2916/4 (PHA 4151.7)
<b>APPLICANTS</b> Susan A. Gregory, St. Louis, MO; Peter C. Isakson, Clarkson Valley, MO; Gary Anderson, Maryland Heights, MO;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/430,072 10/18/1999 PAT 6,376,528 which is a CON of 09/189,463 11/10/1998 ABN which is a CON of 08/600,622 02/13/1996 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/25/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Examiner's Signature:  Initials: _____		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 26648				
<b>TITLE</b> Immunosuppressive effects of administration of a cyclooxygenase-2 inhibitor and a 5-lipoxygenase inhibitor				
<b>FILING FEE RECEIVED</b> 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	